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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Bator et al.

Serial No.: 09/751,975

Filed: December 29, 2000

For: APPARATUS AND METHOD FOR  
SEPARATING CIRCUIT BOARDS

Attorney Docket No.: 199-1933 (VGT 0137 PA)

#3/A  
JUL 08/09/02

Group Art Unit: 3724

Examiner: Prone, Jason

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AUG - 5 2002

TECHNOLOGY CENTER 20700

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7-22-02

(Date of Deposit)

Karen A. Hoge

(Signature)

AMENDMENT UNDER 37 CFR § 1.111

Assistant Commissioner for Patents  
Washington, D.C. 20231

Dear Sir:

This paper is in response to the first Office Action in the above-entitled application, mailed April 22, 2002, and allowing three months for response. This response is timely because it is being filed within the three-month period set for response.

Please amend the above-identified application as follows:

08/01/2002 SMINASS1 00000046 09751975  
01 FC:103

18.00 OP



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Please sign a plus sign (+) inside this box →

#3724  
PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL  
FORM**

*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b>		<b>Application Number</b>	09/751,975
<i>(to be used for all correspondence after initial filing)</i>		<b>Filing Date</b>	December 29, 2000
<b>First Named Inventor</b>		<b>Bator</b>	
<b>Group Art Unit</b>		<b>3724</b>	
<b>Examiner Name</b>		<b>Jason Prone</b>	
<b>Total Number of Pages in This Submission</b>	12	<b>Attorney Docket Number</b>	VGT 0137 PA

**ENCLOSURES (check all that apply)**

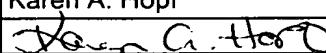
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>Fee Determination Record Postcard Checks \$18</b>
<input type="checkbox"/> Remarks  <b>The Commissioner is authorized to charge any fees which may be required to Account No. 50-0476.</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	Thomas E. Donohue - 44,660	<b>RECEIVED</b>	
Signature			
Date	July 22, 2002	AUG - 5 2002	TECHNOLOGY CENTER 26700

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Typed or printed name	Karen A. Hopf		
Signature		Date	July 22, 2002

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PATENT APPLICATION FEE DETERMINATION RECORD

TE Application or Docket Number  
09/751,975 (VGT 0137 PA)

**CLAIMS AS FILED - PART I**

FOR	NUMBER FILED	NUMBER EXTRA
<b>BASIC FEE</b> (37 CFR 1.16(a))		
<b>TOTAL CLAIMS</b> (37 CFR 1.16(c))	minus 20 =	*
<b>INDEPENDENT CLAIMS</b> (37 CFR 1.16(b))	minus 3 =	*
<b>MULTIPLE DEPENDENT CLAIM PRESENT</b>		(37 CFR 1.16(d))

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	FEES		RATE	FEES
	\$ _____	OR		\$ _____
x \$ _____ =		OR	x \$ _____ =	0
x _____ =		OR	x _____ =	
+ _____ =		OR	+ _____ =	
<b>TOTAL</b>		OR	<b>TOTAL</b>	

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	21	Minus	** 20	= 1
Independent (37 CFR 1.16(b))	*		Minus	***	=

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
$x \$ \underline{\hspace{2cm}} =$		OR	$x \$ \underline{\hspace{2cm}} =$	18
$x \underline{\hspace{2cm}} =$		OR	$x \underline{\hspace{2cm}} =$	
$+ \underline{\hspace{2cm}} =$		OR	$+ \underline{\hspace{2cm}} =$	
TOTAL ADDT. FEE		OR	TOTAL ADDT. FEE	\$18

		(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**
	Independent (37 CFR 1.16(b))	*	Minus	***
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				

TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE
RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
$x \$ \underline{\hspace{2cm}} =$		$x \$ \underline{\hspace{2cm}} =$	
$x \underline{\hspace{2cm}} =$		$x \underline{\hspace{2cm}} =$	
$+ \underline{\hspace{2cm}} =$		$+ \underline{\hspace{2cm}} =$	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(c))	*	Minus	**
Independent (37 CFR 1.16(b))	*	Minus	***

RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
$x \$ \underline{\hspace{2cm}} =$		$x \$ \underline{\hspace{2cm}} =$	
$x \underline{\hspace{2cm}} =$		$x \underline{\hspace{2cm}} =$	
$+\underline{\hspace{2cm}} =$		$+\underline{\hspace{2cm}} =$	
<b>TOTAL ADDIT. FEE</b>		<b>TOTAL ADDIT. FEE</b>	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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